

# Home-Schooled In-Car Driver Education Parental Authorization Application

HS-1 (05/19/04)

The purpose of this form is for a parent/guardian to apply for authorization for home-schooled in-car driver education.  
Instructions: Complete, sign and mail to the Department of Motor Vehicles at the address below.

The parent/legal guardian of a home-schooled minor may provide in-car instruction to his or her own child. The student must meet the requirements for home-schooled instruction pursuant to Va. Code §§ 22.1-254 (B) or 22.1-254.1.

(Print in ink or type.)

## Student

Student's Full Legal Name (Last)	(First)	(Middle)
Date of Birth	Virginia Learner's Permit Number	

## Parent Or Legal Guardian

Parent's/Guardian's Full Legal Name (Last)	(First)	(Middle)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
Principal Residence Address		City	
State	Zip Code	Virginia Driver's License Number	
I hereby request authorization to provide in-car instruction to my home-schooled child and certify that all facts contained in this application are true and valid. I give consent to DMV to review and monitor my driving record throughout the authorization period and until my child successfully completes the DMV-administered road skills test.			
Signature		Date	

Mail this form to:

Department of Motor Vehicles  
Commercial Licensing Work Center  
P. O. Box 27412  
Richmond, VA 23269-0001

1. Attach a copy of notification to the school division superintendent or designee of your intent to home-school the child OR a letter from the school division superintendent or designee acknowledging that the requirements for home-schooled instruction have been satisfied.
2. Provide proof of completion of the classroom portion of the Driver Education program.

Any person who knowingly gives false information on this form shall be guilty of perjury pursuant to Va. Code § 46.2-105.

## For DMV Headquarters Use Only

Record checked: \_\_\_\_\_  
Demerit Points: \_\_\_\_\_  
Authorization Date: \_\_\_\_\_  
Clerk's Name: \_\_\_\_\_  
Clerk's Signature: \_\_\_\_\_  
Training Completed: \_\_\_\_\_